
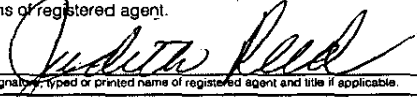
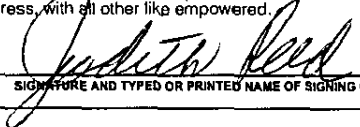


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90224 041 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P94000011037 1. Entity Name <b>REED MANAGEMENT OF BREVARD, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>599 Minor Avenue NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>599 Minor Avenue NE</b> Suite, Apt. #, etc.	
City & State <b>Palm Bay, FL</b>		City & State <b>Palm Bay, FL</b>	
Zip <b>32907</b>	Country <b>USA</b>	Zip <b>32907</b>	Country <b>USA</b>
4. FEI Number <b>593233188</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>JUDITH REED</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>599 Minor Avenue NE</b>			
City <b>Palm Bay</b> FL Zip Code <b>32907</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		JUDITH REED May 15, 2003	
(NOTE: Registered Agent signature required when reinstating)		DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V/S/D - Judith Reed 599 Minor Avenue NE Palm Bay, FL 32907			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T/D - Beth Riley 205 Bossieux Boulevard West Melbourne, FL 32904			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JUDITH REED May 15, 2003 321-725-3487	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)